To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES (b) Address (number and street)				
(t) Address (number and street)				
1514 NORTH SECOND STREET (c) City, State and ZIP Code HARRISBURG, PA 17102 2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No 11 4 2012 THROUGH 11 6 2012 6. TOTAL CONTRIBUTIONS.				
(c) City, State and ZIP Code HARRISBURG, PA 17102 2 Corporate filers only is the filer a qualified nonprofit corporation? Yes No C. C90004946 Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report				
HARRISBURG, PA 17102 2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No C				
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No C. C90004946 Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report				
Individual filers only Name of Employer Occupation? 4. TYPE OF PEPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes Nu 5. COVERING PERIOD: FROM 11 4 2012 THROUGH 11 6 2012 6. TOTAL CONTRIBUTIONS				
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5. COVERING PERIOD: FROM 11 4 2012 THROUGH 11 6 2012 6. TOTAL CONTRIBUTIONS				
6. TOTAL CONTRIBUTIONS				
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7. TOTAL INDEPENDENT EXPENDITURES 17.49.58				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any cancellation or authorizing committee or its agent. In addition, (if the independent expanditures reported to the independent expanditures				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE AAA (AAA (AAA				
Meghan Louise Roach 11/7/2012				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing fills report to the penaltiles of 2 U.S.C. §437g.				
For further information, contact: Foderal Election Commission, 989 E Street, N.W., Washington, D.O. 20468 Toll Free 800-484-8836. Level 202-889-1100				

FEC Schedule 5 (REV. 09/2005)

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SCHEDULE 5-E ITEMIZEO INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

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NAME OF FILER (In Full)					
PLANNED PARENTHOOD PENN	SYLVANIA ADVOCA	ATES			
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Full Name (Last, First, Middle Initial) of	of Payoo	·····	Date		
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Name of Federal Candidate Supported or Opposed by Expenditure:				✓ President	<u> </u>
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for Office Soug	ght 🧓 🛒 🦠	10924.38	Other	(specify)	
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Purpose of Expenditure		Category/ 001	Office Sought:	House	State:
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BARACK OBAMA			Check Ons:	✓ Support	Oppose
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Purpose of Expenditure		Category/ 004	Office Sought:	House	State:
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BARACK OBAMA			Chock One:	✓ Support	Oppose
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(a) SUBTOTAL of Itemized Independent Expenditures.					1749.58
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(b) SUBTOTAL of Unitemized Independent Expenditures			•		
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(c) TOTAL Independent Expenditures		1741144 - 1444 -	•	Contraction	1749.58
(carry total from last page for	ward to Line 7)		i i i i i i i i i i i i i i i i i i i	المقدارة إنجاز يؤين	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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USPS Express Mail	Postmarked				
Postmark Illegible	'				
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Overnight Delivery Service (Specify):	Shipping Date				
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